APPLICATION FOR USAG ANSBACH HOME-BASED BUSINESS ACTIVITY AUTHORIZATION (AR Reg. 210-70)	☐ Initial Application ☐ Renewal Application	Transfer from previous Installation ☐ Yes ☐ No

Data required by the Privacy Act of 1974.

Authority: 10 USC 3012.
Principal purpose(s): All information, including SSN, is used to determine eligibility for home-based business authorization on Army installations in Europe and is necessary for the conduct of criminal and intelligence files checks.
Routine use(s): Passport number, name, address, date of birth, height, weight, color hair/eyes, current employer, and address are required in order to authorize home-based business. A copy of this form is sent to Commander, U.S. Army Central Personnel Security Clearance Facility (PCCF-PR), Fort Meade, MD 20755-5250, and used as a basis for conducting intelligence files checks. The USAREUR Provost Marshal also uses this form as the basis for conducting criminal investigations. These forms are filed and destroyed 3 years after termination of the Army in Europe commercial activity authorization. Other routine uses are listed in 40 Federal Register 35151.
Mandatory or voluntary disclosure and effect on individual not providing information: Information is mandatory if the applicant desires to be issued home-based business authorization.

This application is required **ONLY** for individuals properly residing in ***Government-owned or leased quarters.*** For individuals residing in ***privately-owned or leased quarters (off-post)*** please use the AE Form 210-70F and follow the commercial solicitation permit procedures.

SECTION I

Home-Based Business Owner

1. Name (Last, First MI)	2. Name of Business	3. Telephone Number
4. Address of Proposed Business	5. Email Address	6. Previously Approved? YES☐ NO☐
7. Installation if Previously Approved	8. Sponsor Name	9. Sponsor DEROS
10. Sponsor Unit	11. Sponsor Email	12. Sponsor Phone Number
13. Briefly Describe the Proposed Business Activity		
14. Business Category ☐ Service ☐ Product	15. Spouse Owned and Operated? ☐ Yes ☐ No	16. Application Submission Date

SECTION II

The following rules ensure that operating an HBB does not negatively affect the safety, community tranquility, or the good order and discipline of the Army. As the business owner, I acknowledge, by initialing each item, the following conditions will be met:

Initials		PLEASE NOTE: Review and Initial block 1a OR block 1b, whichever one is applicable, then review and initial ALL items 2-9
1a		I confirm that I am a non-Government -employed family member. Upon employment status change, I will inform my supervisor about my HBB and it will be re- evaluated. ***(ONLY INITIAL 1a or 1b)***
1b		I confirm that I am a Government employee (DA, NAFI) or Active Military and as such will provide a memorandum from my Supervisor or Commander authorizing outside HBB activities. ***(ONLY INITIAL 1a or 1b)***
2		I must provide proof of all the requisite permissions, licenses (if applicable), and liability insurance prior to opening and operating the HBB.
3		I am responsible for any damages to third parties arising from the conduct of my business.
4		I confirm that no modifications will be made to my assigned Government-owned or leased quarters.
5		I understand that I am not allowed to provide child care services. If I want to provide this service, I must go through the installation Child, Youth Services (CYS) office as part of the Family Child Care (FCC) provider system.
6		I am required to comply with, and I am subject to, inspection by the appropriate city, county, state or federal agency, office or department for compliance with applicable laws, codes, regulations and requirements.
7		Through my HBB, if I am involved in food preparation, cutting or styling hair, beauty or cosmetics (such as skin treatment, braids, spray tanning, tattoos, etc.), or massages, I will need to be approved by Army Public Health and/or the Local Health department. ***I must provide documentation to include proof of liability insurance and food handler's certificate (if applicable) and will provide updated certificate to the HBB program on annual basis.***
8		I am aware that I am not entitled to receive legal assistance from any U.S. Army Legal Center regarding the operation of my HBB.
9		***I understand that any violations will result in my HBB permit suspension and removal from governmental quarters.***

SECTION III

To send an HBB packet up for Installation Garrison Commander approval, the following documents, ***fully completed and signed***, must be provided:

- ☐ Application For USAG Ansbach Home-Based Business Activity Authorization.
- ☐ Business registration with local HN authorities or Statement from Host Nation Trade Office.
- ☐ Taxation registration with HN authorities (HN tax-payer ID).
- ☐ Turnover tax registration (VAT ID) with the HN authorities.
- ☐ Professional licensing (if required - for certain businesses/professions, i.e. optician training, health care certifications, etc.)
- ☐ Food sanitation training/registration - for HBBs involving food preparation and sales.
- ☐ Employer registration with HN authorities - in case employees will be hired (part time, full-time, etc).
- ☐ Registration with HN oversight organizations such as chambers of commerce or craftsmen associations, when applicable.
- ☐ Proof of non-DOD bank account to conduct HBB activities (receive payments, pay bills, buy supplies, etc).
- ☐ Business mailing address (the APO address may not be used).
- ☐ HBB Risk Mitigation Plan (MUST be typed)
- ☐ Price list of goods or services.
- ☐ Proof of any necessary insurance (i.e.liability insurance)
- ☐ Certificate of Understanding for U.S. Forces Family Members to Engage in Commercial Activities (AE form 210-70A) Application for U.S. Forces, Europe, Commercial Activity Authorization, if applicable (AE form 210-70F).
- ☐ Customs Office Certificate of Briefing (not needed when ***renewing*** HBB permit).
- ☐ Authorization Release Form (***Optional***; not needed when ***renewing*** HBB permit).
- ☐ Photocopy of a valid passport and NATO SOFA stamp (Family members of the U.S. Forces and Civilians; if not expired, not needed when ***renewing*** HBB permit).
- ☐ From HN residents only, photocopy of the HN ID card (i.e. a Reisepass or Personalausweis); from noncitizens who reside and solicit in the HN, photocopy of the national ID (i.e. an Aufenthaltstitel) and of the residence permit.

Home-Based Business Owner: I certify that the above statements are true and I will abide by these and any additional rules or policies provided by the Installation Garrison Commander.

1. HBB Owner's Signature:	**2. Date:**

SECTION IV

Installation Coordination

Directorate / Office	Building	Telephone #	Recommendation		Name, signature and stamp or digital signature	Date
Army Community Service			Attend Orientation / Application Pick-up			
Installation Housing Manager			☐ Concur	☐ Non- Concur		
Installation Public Health (if applicable)			☐ Concur	☐ Non- Concur		
Installation Customs Office			☐ Concur	☐ Non- Concur		
Additional Offices (per SC/GC guidance)			☐ Concur	☐ Non- Concur		
Army Community Service			Application Turn-in			

SECTION V

Host Nation Regulatory Entities

Directorate / Office	Building	Telephone #	Recommendation	Requirement
Host Nation Trade Office	See attached Host Nation Trade Office POC Information for Germany and for other HN refer as appropriate		Complete Host Nation Trade Form	Submit signed form with application packet

The enclosed copy of AE Form 210-70A bearing your signature certifies that you understand all the requirements necessary to engage in revenue-generating activities. Failure to comply with any of the directives or providing additional services, not approved by the Garrison Commander, will result in the loss of your privileges to conduct business on this installation. In addition, you are advised that you may not use your U.S. Forces-plated privately owned vehicle, tax-free fuel, any items purchased from AAFES stores, AAFES catalog, the commissary, or products purchased tax-free or imported duty free through the APO or by any other means in support of this business. The use of such tax-exempt facilities, products, or conveniences constitutes a violation of HN customs and tax laws.

The posting or distribution of flyers must be coordinated with the Installation Commander or a designated official. Posting or distributing flyers in Government housing must be approved by each building and stairwell coordinator. You may advertise your HBB in the Stars and Stripes and local military community papers and magazines.

Approval of this application does not imply any relationship between the applicant and the U.S. Government. The applicant is solely responsible for any liabilities associated with this business.

FOR OFFICIAL USE ONLY					
Directorate/Office	**Requirement**	**Determination**		**Signature**	**Date**
Staff Judge Advocate (SJA Legal Review)	Review completed application and supporting documentation	☐ No Legal Objection	☐ Legally Insufficient		
Directorate, Family, Morale, Welfare and Recreation	Review completed application and supporting documentation	☐ Recommend Approval	☐ Recommend Disapproval		

Installation Approval Authority

I have reviewed the application for Home Based Business and: ☐ APPROVE ☐ DISAPPROVE

Reason(s) for disapproval:

Expiration Date: (2 years from date of signature unless otherwise indicated)

Installation Commander: (Rank, ~~First~~ name, middle initial, last name:	**Signature:**	**Date:**